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ABSTRACT

There are 16.4 million women over age 65 in this country, compared to 11 million men. The 41 percent of this population who live alone are the poorest of the poor in this country, with an annual median income of just over $3,000 for white women and little more than $2,000 for black women. This abject poverty affects the ability of these women to receive good medical care and to maintain lifestyles conducive to good health. Medicaid and Medicare costs, and rapidly inflating health care costs deprive many women of needed health care services. The lack of preventive health care services, the lack of long-term care for chronic illness, and the lack of available health care insurance all contribute to the older woman's health care deprivation. Increasing her poverty is her role as caregiver for her chronically ill or disabled spouse, a role which leaves her little economic stability. Several measures can aid the indigent older woman in acquiring needed health care. These include: (1) encouraging Health Maintenance Organizations projects for health care cost reduction; (2) providing incentives to insurance companies for developing long-term care insurance; (3) reuniting federal health care policies; (4) developing specific training programs for health care professionals on the unique issues of women and aging; and (5) sponsoring research on women's major health problems such as osteoporosis, breast cancer, and hormone therapy. (ABB)

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THE FEMINIZATION OF POVERTY FOR MIDLIFE AND OLDER WOMEN AND ITS EFFECTS ON THEIR HEALTH

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ABSTRACT

This paper is on the aging woman and her poverty barrier to good health care. There are 16.4 million women over age 65 in this country, as compared to 11 million men. The median income for these women is $5599 a year. The 41% of this female population who live alone, are the poorest of the poor in this country - with an annual median income for white women just over $3000, and for those who are black it is a little more than $2000. This abject poverty of almost one half of all older women not only effects their ability to receive good medical care, but their ability to live in a lifestyle conducive to maintaining good health. The proposed Medicare and Medicaid cuts will bring their typical out-of-pocket health costs to $2000 a year. This, plus rapidly inflating health care costs, leaves many midlife and older women unable to afford the health care services they need.

Economic health care issues discussed in this paper include the lack of community and home based health care - and the lack of preventive health services so necessary to prevent the debilitating diseases of todays older woman. The plight of the older woman caregiver is mentioned, and her need, all too often, to spend down to poverty level as she cares for an ill spouse.

The paper recommends the development of specific training programs for health care professionals on the unique health issues of women and aging; the need for more research on such major problems as osteoporosis, breast cancer and hormone therapy; the perfecting of such "one-stop" service models as HMO's; and the need to provide incentives to insurance companies to develop long term insurance protection.

Jane Porcino, Ph.D.

THE FEMINIZATION OF POVERTY FOR MIDLIFE AND OLDER WOMEN AND ITS EFFECTS ON THEIR HEALTH

from the Symposium "Health Care For Midlife and Older Women Is Its Own Disease", New Orleans, November 1985, 38th Annual Meeting of The Gerontological Society of America

Jane Porcino, Ph.D.

When Medicare and Medicaid were signed into law in 1965, by President Lyndon Johnson, he pledged, "Every citizen will be able to insure themselves against the ravages of illness in old age. No longer will illness crush and destroy the savings of older Americans". Today, the 6.5 million older persons who have a chronic illness, requiring some form of non-skilled nursing care, are excluded from governmental help. It seems as though we have moved very far from the dreams of the "Great Society".

This paper is on the aging woman, and her poverty barrier to good health care. First, who is the older woman? A 1981 DHHS report defined her as;

> ...anyone who is willing to admit to it, in this society which battles wrinkles and thinks of aging females as pitiful or comic. She is anyone who has experienced the combined impact of age and sex discrimination in the job market and thinks it is about time something is done about it. She's one of millions of middle-aged and elderly women, the fastest growing population segment in this country.

A 1982 New York Times article reported on a poll of older Americans which said that the problems of loneliness, fear of crime, and poverty were a myth. The very last paragraph of this lengthy article said, "There are however four groups that report a dismal existence among the elderly. They are the Hispanics, the Blacks, people making under ten thousand dollars a year, and women". Now women just happen to be, by far, the largest proportion of the aged population of this country. There are 16.4 million women over age 65 as compared to 11 million men. By the year 2000 there will be ten women for every five men over the age of 75. When we talk about aging, we are talking about women.

The median income for older women is $5,599. a year. One half of all women past 65 have yearly incomes below, or within, $800. of the official poverty level [which is about $5000 a year]. This low poverty level is determined by the census bureau, as they estimate what would be required for mere survival, on an emergency basis. It is a very inadequate measure of the income it takes, even for the necessities of life.

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80% of the country's 5.9 million elderly poor, or near-poor, are women. 41% of all older women live alone - and they are the poorest of the poor. They represent the newly coined phrase in our society - "the feminization of poverty". Those white women who live alone have a medium income of just over $3000. a year; and for black women living alone that figure is only a little more than $2000. a year. The poverty rate for black women over 65 is tragically 41.5%. 4.4 million older women live on yearly incomes below $3000. After food, shelter and medicine, that doesn't allow for too many luxuries. In addition, millions more middle class older women face the prospects of poverty in their later years. They have no way to protect themselves when a spouse dies, or needs long-term-care, at home or in an institution. The New York Times, The Wall Street Journal, and the current administration rhetoric, would have us believe that most older Americans are doing okay financially. Well I don't call the figures I just presented to you, financially okay for older women.

This abject poverty of almost one half of all older women, not only effects their ability to receive good medical care, but their ability to live in a lifestyle conducive to maintaining good health. The burdens of illness, for many older women, can be traced to their lifestyle. 50% of mortality from the ten leading causes of death in the United States, are directly related to lifestyle - and are preventable. Risk factors such as cigarette smoking, poor dietary habits, and severe emotional stress [often caused by poverty] can increase the probabilities of several major illnesses. Inadequate income makes it harder to take care of our bodies, even in simple ways. For example, how do we get exercise on streets we don't feel safe on, or in body-building facilities we can't afford? How do we get nourishing foods to eat? In some areas of the country older women have been found to supplement their diets with inexpensive cat food.

It is common knowledge that health care costs are increasing at an alarming rate, no matter what we seem to do. This, combined with rising inflation, has created a situation where many midlife and older women can simply not afford health care services.

Revolutionary advances have been made in research and technology, increasing the longevity of the population - in particular, of women, who are now living almost eight years longer than men. The paradox however, is that as people live longer and longer, they are more likely to be struck by such diseases as Altzheimers and stroke, which require long term custodial care. And yet, the present administration plans to reduce Medicare and Medicaid expenditures by some $26 billion over the next three years. This would bring the out-of-pocket health payments for the elderly to about 18.5% in 1988. That's about $2000. a year - significantly higher than when Medicare and Medicaid began. Such reductions will make health care almost impossible for the woman with a median

income of two or three thousand a year. My 86 year old friend Hannah, had to be admitted to the hospital recently for a biopsy [cancer was suspected]. Nobody asked this legally blind, yet independent woman, who lives alone, how she would get to the hospital. Since she couldn't afford the more than $400. to remain overnight, she was discharged after the anesthesia wore off. No one again, asked how she was getting home - or if there was anyone at home to care for her. This disgraceful discharge planning would not have happened to those of us covered by private medical insurance. It should not happen to the wonderful older women of this country.

The President proposes to reduce Medicaid payments alone, by $3.2 million by 1988. This means that elderly Medicaid recipients, mostly women, will be faced with cuts averaging almost $400. a year. Again, fewer of them will have access to Medicaid - and adequate health care.

One issue seldom discussed as an economic health issue, is that we are still living in a medical care system geared to major acute illness and cure. This medical model, which provides high tech medicine, is aimed at quickly treating the ill, and getting them back into the community. This simply doesn't work when the patient is an older woman, whose major illness' are chronic. What these women need is community and home based health care - and PREVENTIVE health services. Acute care is, or course, more lucrative and rewarding to the physician. This is one of the reasons we have only a little more than 300 physicians in this country trained in geriatric care [to service a population of over 27 million persons]. Even within that small group, few are trained in the unique health issues of the midlife and older woman. Not one medical school in this country offers a course on the specific health problems of the aging woman.

Long term care is needed for these chronic illnesses, and yet Medicare pays little for this type of care. Private long term care insurance is not available to most older women. The effect is that middle class American women, who have worked hard and saved all their adult lives, find themselves in the tragic position of having to "spend down", to the point of becoming paupers, in order to qualify for the only program that will finance long term care - Medicaid.

It is the plight of thousands of midlife and older women [and a few men], to care for their chronically ill and disabled parents or spouse. Women are ten times more likely than men to be the caregivers of this world. They are the invisible laborers, without whom neither the health care system, nor the patient, could survive. All too many women over 40 face economic deprivation, because of their caregiving role.

The poverty of women as caregivers was well illustrated in a 1985 New York Times article about 75 year old Sarah. This woman had worked as a guidance counselor, and was the wife of an eminent economic professor at a major university, who was the victim of Altzheimer's Disease. The Federal

government insisted that she become a victim of their Medicaid "spend down" requirement - disposing of all assets and turning over all of her monthly income above the public assistance level [only $567. for a couple in New York State]. Sarah had to become a welfare case before she could apply for the nursing home aid she so desperately needed to care for her husband. She is just one of the many older women caregivers facing the life-long loss of their independence - and the real specter of poverty. some women are sadly forced to divorce an ailing spouse, in order to remain solvent for their remaining years. Just one more point about the caregivers of the future old and frail elderly person. They will be, for the most part, frail and older women themselves.

Another major issue of poverty and health, is that of the four million American women between ages 45 and 65 who lose their health insurance when they lose their husbands, through widowhood or divorce. Few of us could afford adequate health care without insurance coverage. The Older Women's League [OWL] is working towards a solution for this tragedy. They have succeeded in offering a group insurance policy for OWL members under age 65 [their spouses and/or children under age 19] in a hospital indemnity program. They also offer a Medicare supplemental program for members and spouses over age 65.

Most of the growth of our older population is yet to come. Most of that growth, up to the middle of the 20th Century, will occur in the very old, very vulnerable age category - mostly women. Yet we hear of health planning agencies disbanding, and nursing home construction being prohibited.

What is needed? First, we need more health services, at reasonable rates. The pilot projects of the prepaid Hospital Maintenance Organizations [HMO's] are aimed at reducing health care costs and reducing the need for so much hospitalization and institutionalization. HMO's emphasize prevention, out-patient services, and care in the community. This one-stop-service model, will keep older women healthier longer, even when they are not economically secure.

Second, we need to provide incentives to the insurance industry, to develop long term care insurance. We all need such protection, and older poor women need it the most.

Third, we need a complete reorientation of our health care policies for the elderly. Without a major turn around in social priorities and policies, the health of the rapidly increasing numbers of older women, will worsen dramatically in the next few years. And yet, we are faced with three more years of an administration which seems to feel that reducing taxes, and expanding the defense budget, are more critical than protecting our most vulnerable citizens. This philosophy is forcing older women to reach even deeper into their pockets to pay for health care. Elderly out-of-pocket health care costs are rising twice as fast as their income - even without further Medicaid or Medicare cuts.

The policy of this administration is also fostering a

gender gap in aging research. This is neither an issue of the financial poverty of the woman herself, nor the financial poverty of a country. When I completed the six years of research for my book GROWING OLDER, GETTING BETTER;A HANDBOOK FOR WOMEN IN THE SECOND HALF OF LIFE, I felt angry. There were more gaps in the research on older women's health problems, than there was information. For example, there is an astounding controversy over the use of estrogen replacement therapy...an issue of great concern to the woman over 50. The research data is totally conflicting. Last year we were told to take estrogen to prevent heart attack and stroke; this year the famous Framingham heart study is reporting that estrogen may cause 50% more heart problems. We have not yet begun to study in depth, the diseases which particularly afflict older women. How can osteoporosis and and breast cancer be easily diagnosed and safely treated? More important, how can they be prevented - with one in eleven women the victims of breast cancer, and one in four white women over 50 the victim of osteoporosis? The time is ripe for investigating these and other research questions.

Every other advanced industrial democracy has managed to extend comprehensive health coverage to it's elderly, without bankrupting itself. Protecting the elderly against the ravages of illness, is something a civilized government MUST do!!

We as older women, are proud of the years we have lived, and the contributions we have made to society. We must insist on the kinds of health and medical care which will enable us to live the second half of our lives in dignity, and with zest.